

AMBULANCE STRIKE TEAM/ MEDICAL TASK FORCES (AST) GUIDELINES



July 2003

EMSA # 215

STATE OF CALIFORNIA AMBULANCE STRIKE TEAM/ Medical Task Forces Guidelines

TABLE OF CONTENTS

<i>CONTENTS</i>	<i>PAGE</i>
Part One – BASIC PLAN	
FORWARD	4
INTRODUCTION	5
PURPOSE, SCOPE, AND ASSUMPTIONS	6
CONCEPT OF OPERATIONS	8
Team Structure	8
Ambulance/Medical Personnel Qualifications and Training	9
Strike Team/Medical Task Force Leader Qualifications, Training, and Job Responsibilities	10
Equipment Standards/Requirements	12
Communications	14
Part Two – DISASTER OPERATIONS: RESPONSE AND RECOVERY	16
ORDERING/REQUESTING PROCESS	16
ACTIVATION PROCESS	18
RESOURCE MANAGEMENT	19
Enroute	19
At Incident	19
PROTOCOLS – ENROUTE AND AT INCIDENT	20
AT INCIDENT SUPPORT	21
DEMOBILIZATION	22
<i>CONTENTS</i>	<i>PAGE</i>
Part Three – ATTACHMENTS	

Attachment A -- Master Mutual Aid Agreement	23
Attachment B -- Inter-Region Cooperative Agreement For Emergency Medical & Health Disaster Assistance	28
Attachment C -- Regional/State Medical/Health Resources	31
Attachment D -- RIMS Mission/Request Tasking Form	33
Attachment E -- RIMS Resource Order Form	35
Attachment F -- Acronyms	36

Part One – BASIC PLAN

FORWARD

The “Strike Team” concept (an organized group of personnel and equipment as applied to an emergency response) has been in use for many years in California. The following Ambulance Strike Team/Medical Task Force (AST/MTF) guidelines and related disaster response plan adapt this concept to prehospital care and transportation, ambulances. The lead agency on this project is the State Emergency Medical Services Authority (EMSA) in conjunction with representatives from the following:

- California Ambulance Association (CAA)
- California Fire Chiefs Association (CFCA)
- Emergency Medical Services Administrators Association of California (EMSAAC)
- FIREScope
- Governor’s Office of Emergency Services (OES)

For more information on AST/MTF, contact the following:

Anne M. Bybee
Disaster Medical Specialist
EMSA
1930 – 9th Street
Sacramento, CA 95814-7034
(916) 322-4336 x 407

Neil Honeycutt
Fire and Rescue Branch, FIREScope
OES
P.O. Box 419047-9047
(916) 845-8721

INTRODUCTION

The EMSA recognized the need to develop a statewide “mutual aid” system for private or non-fire based ambulance disaster response soon after the organization’s creation over 20 years ago. Ambulances are an important disaster response partner. Beginning in the early 1980s, EMSA met with CAA officials and others to discuss the concept of regional coordination for ambulance deployment in state-declared emergencies. CAA responded by designating a volunteer regional coordinator in each of the six mutual aid regions to work with local private or non-fire based providers to identify those ambulance units that would be available for deployment at EMSA’s request. Although the system existed in concept, it was implemented in only a few actual disaster response.

The need to develop a coordinated approach to manage requests, movement and support of ambulances in a disaster presented itself in several instances in the ensuing years although none of these events required the movement of large numbers of vehicles. The Winter Floods of 1997, however, significantly renewed coordination as an issue. Many private sector ambulances responded from various parts of the Sacramento Valley to assist in the evacuation needs in Sutter and Yuba Counties. Although the responding units provided critically needed services, there was a lack of overall coordination, and this left some with a concern that “provider” counties were without sufficient emergency transport resources to address their routine day-to-day needs.

In an effort to address the mutual aid coordination issues demonstrated during the floods and to prepare for the upcoming El Niño Weather Phenomenon the following winter, EMSA assembled a group of Local Emergency Medical Service Agencies (LEMSAs), CAA and OES in late 1997 to develop an interim solution at the state level. Over the next year and one-half, the Statewide Ambulance Agreement Committee met to draft an Inter-County Disaster Ambulance Response Agreement. Included in the planning effort was significant work on the composition of private sector “ambulance strike teams or medical task forces”.

The committee was unable to reach resolution on the issue because of concerns regarding reimbursement for private or non-fire based ambulance response and differing opinions as to whether the agreements should be statewide, between counties (LEMSAs) or between LEMSAs and individual private or non-fire based providers. There also exists a need to designate standard terminology between fire based and non-fire based ambulance providers. All parties agreed that for private ambulance services in mutual aid situations, the payment aspect should be addressed as part of a larger discussion of mutual aid that needed to be conducted by State OES. OES convened a mutual aid sub-committee as part of the Standardized Emergency Management System (SEMS) Technical Committee but this group also did not reach consensus on the need for changes in state wide mutual aid for all public and private responders. OES then recommended that a Blue Ribbon Commission be established under the next Administration to study the issue but to date that has not occurred.

PURPOSE, SCOPE, AND ASSUMPTIONS

In 2002, EMSA confirmed the need for "Ambulance Strike Teams or Medical Task Force" (Ambulance Strike Teams have yet to be defined, typed, and accepted within the emergency response community) and regional ambulance deployment as a critical resource for California disaster planning and preparedness. The EMSA, together with OES, representatives from CAA, EMSAAC, FIREScope, and CFCA, has worked to create these guidelines as a vital part of the State's response to disasters, including our Homeland Defense efforts. This disaster medical response system would process and provide supplemental ambulances and personnel to "impacted counties" whose resources are overwhelmed by an emergency.

Ambulance personnel are an extremely valuable service delivery resource and participate in large-scale disaster response: medical triage, on-scene medical care, transportation to hospitals, shelter medical care, etc.

The following assumptions and historical situations were considered in guiding this initial planning:

1. Within the first two to eight hours after a mass casualty or catastrophic event, the community's primary field medical response may be from both the fire based and non-fire based ambulance and medical first responder entities.
2. Ambulances have self-dispatched in past events. Self-dispatching of any resources can cause negative consequences.
3. An organized response within the SEMS framework and using the Incident Command System (ICS) is superior to a unorganized response.
4. To date, ambulance resources are generally managed under two different systems:

The OES Fire and Rescue Mutual Aid System coordinates public sector fire service resources including ambulances.

Private sector ambulances are coordinated through the medical/health mutual aid system (Regional Disaster Medical/Health Coordinators and EMSA).

5. To provide the best possible response during a major disaster in our State, it is imperative to move forward with one unified system that combines the resources from both the fire based and non-fire based ambulance providers under OES' disaster management process.

6. Management of single resources becomes cumbersome whereas the supervision of resources organized in task force/teams is a proven manageable model.

These guidelines focus on system organization (policies and procedures), communications and logistic support without addressing in detail the issues related to reimbursement.

CONCEPT OF OPERATIONS

Ambulance Strike Teams/Medical Task Forces (AST/MTF)

There will be two possible AST/MTF complements, ordered as such:

Type I - ALS:

5 ALS ambulances (an approved vehicle and 2 personnel each, at least one an ALS provider)

1 Team Leader with Vehicle.

Note: ALS Provider could be either a Paramedic or an EMT-II.

Type II - BLS:

5 BLS ambulances (an approved vehicle and 2 personnel each, both at least EMT-Basic certified)

1 Team Leader with Vehicle.

Request for AST/MTF should be requested by Type, Kind, and quantity (i.e. “one Type-I ALS Ambulance Strike Team”, or “two Type-I ALS Ambulance Strike Teams and one Type-2 BLS Ambulance Strike Team”).

AST/MTF will be ordered from one or more of the six OES geographical Regions using the closest forces concept. Ambulance providers in each Operational Area will meet the minimum requirements for training and equipment according to the guidelines set out in this document. Agencies not meeting these minimum requirements will not participate in out of Operational Area responses.

At any time and based on current resource levels, a Region or Operational Area has the ability to provide either AST/MTF or individual ambulances. Individual ambulances from different Operational Areas may be formed into Regional Ambulance Strike Teams or Medical Task Forces. (FIREScope Field Operations Guide, page 12-11, dated January 2001).

AST/MTF will be ordered through the State Operations Center in accordance with SEMS and coordinated by OES together with their medical/health and public safety partners.

Note:

The ambulance industry uses the term “type” to describe the size of the ambulance, the body style of the ambulance, or the number of patient an ambulance can carry. For clarity, it is suggested that both terms (i.e. “Type I – ALS”) be used when ordering to avoid any confusion.

Ambulance/Medical Personnel Qualifications and Training

Minimum Training Requirements:

ICS 100

Preferred Additional Training and Experience:

ICS 200

Hazmat First Responder Operations Course

Basic MCI Field Operations Course

WMD Awareness Course

1 Year EMS Experience

AST/MTF Leader Qualifications, Training, and Job Responsibilities

Minimum Training Requirements:

ICS 100 and 200
Basic MCI Field Operations (8 hours)
Strike Team Leader-Ambulance Course (8 hours)
One year Leadership experience in a related field, as determined by Provider

Once the AST/MTF concept is fully developed, it is recommended that “training positions” be created to develop new leadership personnel. It is also recommended that non-fire based personnel gain practical experience by working with local fire-based Strike Teams/Task Forces.

Preferred Additional Training and Experience:

ICS 300
Hazmat FRO Course
WMD Awareness Course
3 Years EMS Experience

Duties and Responsibilities

The Strike Team/Task Force (ST/TF) Leader-Ambulance is responsible for:

1. Assuring the safety and condition of the personnel and equipment.
2. Coordinating the movement of the personnel and equipment traveling to and returning from an incident.
3. Supervising the operational deployment of the team at the incident, as directed by the Division/Group Supervisor, Operations Section Chief, or Incident Commander.
4. Maintaining familiarity with personnel and equipment operations, including assembly, response, and direct actions of the assigned units, keeping the team accounted for at all times.
5. Contacting appropriate Incident personnel with problems encountered on the incident, including mechanical, operational, or logistical issues.
6. Ensuring vehicles have adequate communications capability (see communications section).
7. Maintaining positive public relations during the incident.

8. Prior to deployment, determining mission duration, special circumstances, reporting location and contact information.
9. Ensuring completion and submission of ICS documents for timekeeping and Demobilization (ICS Form 214).

In summary, the ST/TF Leader-Ambulance must have the capability and experience to manage, coordinate, and direct the actions of the ambulance crews at a wide variety of emergency situations. This includes maintaining all required records, and ensuring the logistical needs of all personnel are met during the entire activation of the team.

Equipment Standards/Requirements

Personal 72-hour "GO" Pack for AST/MTF Members:

- Pack to contain the following:
 - Reflective Jacket
 - Extra Uniform, socks & underwear
 - Safety Boots
 - Sunglasses
 - 1-Qt. Water Bottle/Canteen with potable water
 - Raingear
 - 2 MREs
 - Toilet Paper
 - Personal Meds & Medical History Documentation
 - Toiletries & Other Personal Items as needed
 - Sunscreen
 - Sleeping Bag
 - Hearing Protection (ear plugs)
 - Photo I.D. and petty cash

Ambulance (Minimum requirements in each category)

- Equipment and Supplies to meet minimum scope of practice (ALS or BLS) as determined by Title 13 and Title 22
- Most recently published edition of State Thomas Brothers Map Book
- Communications Equipment (TBD)
- Fuel & Supply Purchasing (Credit Cards, Cash)
- 20 Patient Care Reports (PCRs)
- 20 Disaster Triage Tags
- 2 pair Work Gloves
- 2 Safety Helmet with Dust-Proof Safety Goggles
- 4 HEPA masks and 4 dust filters
- 2 Flashlights or Headlamps

ST/TF Leader-Ambulance Vehicle

- Equipment and Supplies to meet minimum requirements in Title 13 for a CHP Support Vehicle
- Most recently published edition of State Thomas Brothers Map Book
- Compass
- Fuel and Supply Purchasing (Credit Cards, Cash)
- Communications Equipment capable of communicating with the team enroute and at the incident.
- Cell Phone, batteries and charger
- FIREScope Field Operations Guide (FOG) Manual
- 2 Sleeping Bags

- 36 MREs
- Potable Water
- 50 Triage Tags
- 2 Helmets
- 2 pairs Work Gloves
- 2 Flashlights
- ICS Forms & Strike Team Leader Kit
- 100 Patient Care Reports (PCRs)
- Personal Pack with contents as described above

Note: When assembling the team and the vehicles, the ST/TF Leader - Ambulance will make sure there are extra batteries, bulbs, chargers, etc. as needed for all equipment.

Communications

Communications equipment, protocols, etc. vary within the State. It is the Operational Area (County) responsibility to ensure that the minimum communications equipment described below is available to ambulances, ambulance/medical personnel and ST/TF Leaders.

There are three distinct communications needs for AST/MTF:

1) Communications to the home base

All apparatus/units will be equipped with radios and/or cell phones with the ability to communicate to their base from any destination in California. Redundant capabilities are recommended.

2) Communications in-transit

Units within a strike team must be able to communicate with each other enroute to the incident. Options may include CALCORD, cell phones, common radio frequencies, etc.

3) Communications at the scene

A VHF programmable hand-held radio is better suited for responding to a disaster. It will provide the ability to maintain communications outside of the vehicle and stay in contact with the ST/TF Leader-Ambulance. A mobile radio is recommended in addition to the hand-held programmable radio, due to the increase in output power with a mobile unit.

The ST/TF Leader-Ambulance shall be equipped with a hand-held programmable radio to communicate with the appropriate Incident Operations staff at the incident

Ambulances will not communicate directly with receiving facilities. The Medical Communications Coordinator or Patient Transportation Group Supervisor will conduct all communications to and from the hospitals.

Future Considerations:

- 1) *It is recommended that the State of California investigate the possibility of acquiring a VHF frequency or frequencies for Disaster Medical response use. It is also recommended that we research the availability of frequencies that are already licensed that could be re-directed for this purpose. Calcord is used for much more than EMS, OES will not authorize the use of CALCORD other than its current use (fire, law, EMS, emergency management, public works, etc.)*

- 2) *The State of California should also investigate potential funding sources to purchase a commonality in communications that would incorporate all Hospitals, Emergency responders, Strike Team Leaders, and Ambulance providers (Fire Based and Non-Fire Based).*
- 3) *The State needs a communications system that will allow Medical, Fire, and Law entities to all communicate with each other during large-scale responses.*
- 4) *The State needs to develop local or regional caches of radios for use in large-scale emergency responses. Radios should be field programmable and use non-rechargeable batteries. This will allow for programming radios accordance with the Incident Communications Plan.*

Part Two – DISASTER OPERATIONS: RESPONSE AND RECOVERY

ORDERING/REQUESTING PROCESS

In advance and in preparation for an incident and response, the Medical Health Operational Area Coordinators (MHOACs) in each Operational Area will work with ambulance providers to identify resources, both personnel and ambulances stocked with equipment as designated. (The MHOACs will develop a system by which resources in their area can be identified immediately when needed.)

Regional coordinators, both from the Fire/Law Mutual Aid system and the Regional Disaster Medical Health Specialists (RDMHS) will work with the MHOACs at the time of the request(s) to assemble team(s) for immediate or planned response. NOTE: The Law Enforcement, Fire and Rescue, and Medical Health Operational Area Coordinators need to organize a system that will work for their Operational Area.

The following describes the State of California ordering system as described in SEMS. This notification and request process is utilized as an event escalates:

Field Level

At the time the Incident Commander (usually fire or law) orders ambulance resources the incident will:

- Prepare to receive and deploy the requested resources.
- Prepare to logistically support those resources.
- The local dispatch center will process all orders through their normal dispatch channels.

Local Jurisdiction

- The Local Jurisdiction will reasonably deplete its own resources, including any resources received from neighboring jurisdictions through “move-up,” “back-up,” or “cover” agreements.
- Once it is determined that outside assistance is needed, will contact the MHOAC or designee to request additional ambulance resources. They should be prepared to give standard Resource Request information (see RIMS Resource/Mission Tasking Form).
- The local jurisdiction should keep the Operational Area Coordinators informed of the incident status.

Operational Area

- Operational Areas with jurisdictional authority should establish a Single Point ordering system for ambulance resources, to facilitate all requests for both fire and non-fire ambulance resources.
- When responding to a resource request, the MHOAC should obtain all available information using the RIMS Resource/Mission Tasking Form.

- Operational Areas will relay all requests to the RDMHC or RDMHS using the RIMS Resource Form.
- Operational Areas will notify the OES Fire and Rescue, Law Enforcement Coordinators when activating the Medical/Health mutual aid system.
- MHOAC will coordinate the dispatch and tracking of requested resources within the Op Area (see Form MACS 420).
- Each Operational Area will maintain an Emergency Resource Directory (ERD) listing ALS and BLS transport resources and qualified Strike Team/Task Force Leaders.

Region

- The RDMHC/RDMHS will receive resource requests, utilizing the RIMS Resource/Mission Tasking Form where possible and practical.
- The RDMHC/RDMHS will relay request to the MHOACs within the Region.
- The RDMHS will recommend rendezvous points for mobilization of their regional AST/MTF.
- RDMHC/RDMHS will notify the EMSA Duty Officer.
- RDMHC/RDMHS will notify the Regional Fire Coordinator to coordinate and prevent duplication of resource requests.

State

- The EMSA representative working at the OES State Operations Center (SOC) will receive requests from RDMHCs/RDMHSs, utilizing the RIMS Resource/Mission Tasking Form where possible and practical.
- RDMHC/RDMHS and the EMSA will relay, as necessary, requests to other regions.
- The EMSA will identify available resources and coordinate inter-regional response.
- The EMSA will work with other members of the OES SOC to provide additional resources.

ACTIVATION PROCESS

Until the AST/MTF concept is fully operational, ambulance providers should identify and train personnel to participate on Ambulance Strike Teams and MHOACs should have resource lists available for disaster response. This would include equipment/supply caches according to the guidelines in this document. The following guidelines are offered:

1. Ambulances/medical personnel will report as quickly as possible to the location requested. (Do not take time to gather personal equipment/gear and/or additional ambulance or support vehicle equipment/gear if these caches are not already pulled prior to the incident.) This is defined as Immediate Need.
2. EMSA will provide agency representatives to work with the fire based Strike Team Leaders in coordinating teams and getting them to the incident when trained Strike Team/Task Force leaders are not available.
3. EMSA agency representatives, if requested and assigned, will respond to the incident and report to the Liaison Officer assigned to the Incident Command.

RESOURCE MANAGEMENT

Enroute

All units will contact the ST/TF Leader-Ambulance by radio or phone while enroute to the incident. The decision to travel together will depend on the location of individual ambulances at the time of dispatch.

At the rendezvous or assembly point, the ST/TF Leader-Ambulance will be responsible for the following:

- 1) Introducing team members
- 2) Briefing the team members on current incident conditions, safety issues and potential assignments.
- 3) Determining response route, considering time of day, traffic, food, and fueling stops.
- 4) Making and communicating travel plan (who leads, who “brings up the rear”, etc. Identifying a travel radio frequency for enroute communications.
- 5) Conducting a checklist assessment of the AST/MTF readiness and equipment availability.
- 6) Notifying the jurisdictional dispatch center of status and ETA to incident.

If an ambulance unit is unable to continue to respond for any reason (mechanical failure of the ambulance, illness of team members, etc.) the ST/TF Leader-Ambulance shall contact their ordering point to advise and request replacement of the unit.

Each ambulance crew shall maintain responsibility for their personal equipment, the ambulance, and the medical equipment/supplies. Any problems should be reported to the ST/TF Leader-Ambulance. Ambulances and team members are not considered incident resources until the team has checked in at the incident.

At The Incident

The AST/MTF shall report to and check in at the incident.

ST/TF Leader-Ambulance will be responsible for the following:

- 1) Initiating and use ICS Form 214 (Unit Log) for the entire incident.
- 2) On arrival providing information, including resource order and request #, for check-in (ICS form 211).
- 3) Receiving Incident Briefing (IAP, Commo Plan and Medical Plan)
- 4) Briefing Team Members on Incident and their assignments.
- 5) Reporting for Line Assignment(s) or to a Staging Area as directed.
- 6) Obtaining orientation to hospital locations (local information and ICS 206)
- 7) Determining preferred travel routes and brief team members.

PROTOCOLS – ENROUTE AND AT INCIDENT

During a response into another California jurisdiction, and when requested as part of an ALS ambulance, a paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting Local Emergency Medical Services Agency (LEMSA) (Title 22 of the Health and Safety Code, section 100166).

If the ST/TF Leader-Ambulance provides any medical care during the incident, they will utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting LEMSA.

EMT-Basic personnel functioning as members of an AST/MTF out of their local jurisdiction are authorized to perform any skills in the State EMT-Basic scope of practice (as outlined in Title 22) and any extended scope of practice skills in which they are trained and authorized by their home LEMSA.

EMS personnel may not overextend their medical scope of practice regardless of direction or instructions they may receive from any authority while participating on an AST/MTF.

AT INCIDENT SUPPORT

The AST/MTF reporting to the scene of a disaster or other incident should not expect support services to be in place in the early stages of the incident. For this reason all AST/MTF are expected to be self-sufficient for up to 72 hours. The location and magnitude of the disaster will determine the level of support services available. The ST/TF Leader-Ambulance may have to utilize commercial services for food, fuel, and supplies until logistical services are established. Obtaining replacement medical supplies during the first days of a disaster may also be difficult. (Operational Area, with the assistance of the MHOAC, may be able to provide medical re-supply services.)

The facilities, services, and material at an incident are typically provided by the Logistics Section. ST/TF Leader - Ambulance will contact their Division Group Supervisor for instructions on accessing these services. The Logistics Section consists of the following units:

- 1) Communications Unit
- 2) Medical Unit
- 3) Food Unit
- 4) Supply Unit
- 5) Facilities Unit
- 6) Ground Support Unit

The ST/TF Leader-Ambulance is expected to attend all operational shift briefings and keep all personnel on the team informed on conditions. If the individual units of the AST/MTF are assigned to single resource functions, i.e., patient transportation, triage, or treatment, the ST/TF Leader-Ambulance will make contact with the personnel at least once during each Operational Period.

If possible, all units in an AST/MTF will stay together when off-shift unless otherwise directed by the ST/TF Leader-Ambulance. At minimum, all team members will remain in constant communications.

Until incident facilities are established each ST/TF Leader-Ambulance will coordinate with their respective support services to provide facilities support to the AST/MTF.

DEMOBILIZATION

The Planning Section is responsible for the preparation of the Demobilization Plan to ensure that an orderly, safe, and cost effective movement of personnel and equipment is accomplished from the incident. The Logistics Section is responsible for the implementation of the plan.

Demobilization and release will take place in accordance with the Incident Demobilization Plan and the ICS Form 221. At no time shall a crew or individual team member leave without receiving departure instructions from their ST/TF Leader-Ambulance.

Teams should obtain necessary supplies to assure that the ambulances leave in a "state of readiness" whenever possible. If unable to replace lost, used or damaged equipment, the ST/TF Leader-Ambulance shall notify their Incident Agency Representative prior to leaving the incident. The ST/TF Leader-Ambulance will return all radios and equipment on loan from the incident.

Timekeeping records will be recorded and shall be submitted to the appropriate personnel at the incident prior to departure.

All AST/MTF personnel will receive a debriefing from the ST/TF Leader-Ambulance prior to departure from the incident.

Vehicles will be inspected for safety by the Ground Support Unit prior to departure from the Incident. Any problems will be communicated to both the ST/TF Leader-Ambulance and OES Agency Representative.

ST/TF Leader-Ambulance will review return travel procedures with the Strike Team/Task Force.

The Incident will notify MHOACs and RDMHS of ambulance release time, travel route, and estimated time of arrival back at home base.

The AST/MTF is still a team upon return, and may be reactivated at any time.

Part Three – Attachments

Attachment A – MASTER MUTUAL AID AGREEMENT

CALIFORNIA DISASTER AND CIVIL DEFENSE MASTER MUTUAL AID AGREEMENT

This agreement made and entered into by and between STATE OF CALIFORNIA, its various departments and agencies, and the various political subdivisions, municipal corporations, and other public agencies of the State of California;

WITNESSETH:

WHEREAS, It is necessary that all of the resources and facilities of the State, its various departments and agencies, and all its political subdivisions, municipal corporations, and other public agencies be made available to prevent and combat the effect of disasters which may result from such calamities as flood, fire, earthquake, pestilence, war, sabotage, and riot; and

WHEREAS, It is desirable that each of the parties hereto should voluntarily aid and assist each other in the event that a disaster should occur, by the interchange of services and facilities, including, but not limited to, fire, police, medical and health, communication, and transportation services and facilities, to cope with the problems of rescue, relief, evacuation, rehabilitation, and reconstruction which would arise in the event of a disaster; and

WHEREAS, It is necessary and desirable that a cooperative agreement be executed for the interchange of such mutual aid on a local, countywide, regional, statewide, and interstate basis;

NOW, THEREFORE, IT IS HEREBY AGREED by and between each and all of the parties hereto as follows:

- (1) Each party shall develop a plan providing for the effective mobilization of all its resources and facilities, both public and private, to cope with any type of disaster.
- (2) Each party agrees to furnish resources and facilities and to render services to each and every other party to this agreement to prevent and combat any type of disaster in accordance with duly adopted mutual aid operational plans, whether heretofore or hereafter adopted, detailing the method and manner by which such resources, facilities, and services are to be made available and furnished, which operational plans may include provisions for training and testing to make such mutual aid effective; provided, however, that no party shall be required to deplete unreasonably its own resources, facilities, and services in furnishing such mutual aid.
- (3) It is expressly understood that this agreement and the operational plans adopted pursuant thereto shall not supplant existing agreements between some of the parties hereto providing for the exchange or furnishing of certain types of facilities and services on a reimbursable, exchange, or other basis, but that the mutual aid extended under this agreement and the operational plans adopted pursuant thereto, shall be

without reimbursement unless otherwise expressly provided for by the parties to this agreement or as provided in Sections 1541, 1586, and 1587, Military and Veterans Code; and that such mutual aid is intended to be available in the event of a disaster of such magnitude that it is, or is likely to be beyond the control of a single party and requires the combined forces of several or all of the parties to this agreement to combat.

- (4) It is expressly understood that the mutual aid extended under this agreement and the operational plans adopted pursuant thereto shall be available and furnished in all cases of local peril or emergency and in all cases of which a **State of Extreme Emergency** has been proclaimed.
- (5) It is expressly understood that any mutual aid extended under this agreement and the operational plans adopted pursuant thereto, is furnished in accordance with the "California Disaster Act" and other applicable provisions of law, and except as otherwise provided by law that: "The responsible local official in whose jurisdiction an incident requiring mutual aid has occurred shall remain in charge at such incident including the direction of such personnel and equipment provided him through the operation of such mutual aid plans." (Sec. 1564, Military and Veterans Code.)
- (6) It is expressly understood that when and as the State of California enters into mutual aid agreements with other states and the Federal Government that the parties to this agreement shall abide by such mutual aid agreements in accordance with law.
- (7) Upon approval or execution of this agreement by the parties hereto all mutual aid operational plans heretofore approved by the State Disaster Council, or its predecessors, and in effect as to some of the parties hereto, shall remain in full force and effect as to them until the same may be amended, revised, or modified. Additional mutual aid operational plans and amendments, revisions, or modifications of existing or hereafter adopted mutual aid operational plans, shall be adopted as follows:
 - (a) Countywide and local mutual aid operational plans shall be developed by the parties thereto and are operative as between the parties in accordance with the provisions of such operational plans. Such operational plans shall be submitted to the State Disaster Council for approval. The State Disaster Council shall notify each party to such operational plans of its approval, and shall also send copies of such operational plans to other parties to this agreement who did not participate in such operational plans and who are in the same area and affected by such operational plans. Such operational plans shall be operative as to such other parties 20 days after receipt thereof unless within that time the party by resolution of notice given to the State Disaster Council, in the same manner as notice of termination of participation of this agreement, declines to participate in the particular operational plan.

- (b) Statewide and regional mutual aid operational plans shall be approved by the State Disaster Council and copies thereof shall forthwith be sent to each and every party affected by such operational plans. Such operational plans shall be operative as to the parties affected thereby 20 days after receipt thereof unless within that time the party by resolution or notice given to the State Disaster Council, in the same manner as notice of termination of participation in this agreement, declines to participate in the particular operational plan.
- (c) The declination of one or more of the parties to participate in a particular operational plan or any amendment, revision, or modification thereof, shall not affect the operation of this agreement and the other operational plans adopted pursuant thereto.
- (d) Any party may at any time by resolution or notice given to the State Disaster Council, in the same manner as notice of termination of participation in this agreement, decline to participate in any particular operational plan, which declination shall become effective 20 days after filing with the State Disaster Council.
- (e) The State Disaster Council shall send copies of all operational plans to those state departments and agencies designated by the Governor. The Governor may, upon behalf of any department or agency, give notice that such department or agency declines to participate in a particular operational plan.
- (f) The State Disaster Council, in sending copies of operational plans and other notices and information to the parties to this agreement, shall send copies to the Governor and any department or agency head designated by him; the chairman of the board of supervisors, the clerk of the board of supervisors, and County Disaster Council, and any other officer designated by a county; the mayor, the clerk of the city council, the City Disaster Council, and any other officer designated by a city; the executive head, the clerk of the governing body, or other officer of other political subdivisions and public agencies as designated by such parties.
- (8) This agreement shall become effective as to each party when approved or executed by the party, and shall remain operative and effective as between each and every party that has heretofore or hereafter approved or executed this agreement, until participation in this agreement is terminated by the party. The termination by one or more of the parties of its participation in this agreement shall not affect the operation of this agreement as between the other parties thereto. Upon approval or execution of this agreement the State Disaster Council shall send copies of all approved and existing mutual aid operational plans affecting such party which shall become operative as to such party 20 days after receipt thereof unless within that time the party by resolution or notice given to the State Disaster Council, in the same manner as notice of

termination of participation in this agreement, declines to participate in any particular operational plan. The state Disaster Council shall keep every party currently advised of who the other parties to this agreement are and whether any of them has declined to participate in any particular operational plan.

(9) Approval or execution of this agreement shall be as follows:

- (a) The Governor shall execute a copy of this agreement on behalf of the State of California and the various departments and agencies thereof. Upon execution by the Governor a signed copy shall forthwith be filed with the State Disaster Council.
- (b) Counties, cities, and other political subdivisions and public agencies having a legislative or governing body shall by resolution approve and agree to abide by this agreement, which may be designated as "CALIFORNIA DISASTER AND CIVIL DEFENSE MASTER MUTUAL AID AGREEMENT." Upon adoption of such a resolution, a certified copy thereof shall forthwith be filed with the State Disaster Council.
- (c) The executive head of those political subdivisions and public agencies having no legislative or governing body shall execute a copy of this agreement and forthwith file a signed copy with the State Disaster Council.

(10) Termination of participation in this agreement may be effected by any party as follows:

- (a) The Governor, upon behalf of the State and its various departments and agencies, and the executive head of those political subdivisions and public agencies having no legislative or governing body, shall file a written notice of termination of participation in this agreement with the State Disaster Council and this agreement is terminated as to such party 20 days after the filing of such notice.
- (b) Counties, cities, and other political subdivisions and public agencies having a legislative or governing body shall by resolution give notice of termination of participation in this agreement and file a certified copy of such resolution with the State Disaster Council, and this agreement is terminated as to such party 20 days after filing of such resolution.

IN WITNESS WHEREOF this agreement has been executed and approved and is effective and operative as to each of the parties as herein provided.

/signed/
EARL WARREN
GOVERNOR
On behalf of the State of
California and all its
Departments and Agencies

ATTEST:

November 15, 1950

/signed/
FRANK M. JORDA
Secretary of State

(GREAT SEAL)

NOTE:

There are references in the foregoing agreement to the California Disaster Act, State Disaster Council, and various sections of the Military and Veterans Code.

Effective November 23, 1970, by enactment of Chapter 1454, Statutes 1970, the California Disaster Act (Section 1500 ff., Military and Veterans Code) was superseded by the California Emergency Services Act (Sections 8550 ff., Government Code), and the State Disaster Council was superseded by the California Emergency Council.

Section 8668 of the California Emergency Services Act provides:

- (a) Any disaster council previously accredited, the State Civil Defense and Disaster Plan, the State Emergency Resources Management Plan, the State Fire Disaster Plan, the State Law Enforcement Mutual Aid Plan, all previously approved civil defense plans, all mutual aid agreements, and all documents and agreements existing as of the effective date of this chapter, shall remain in full force and effect until revised, amended, or revoked in accordance with the provisions of this chapter.

In addition, Section 8561 of the new act specifically provides:

"Master Mutual Aid Agreement" means the California Disaster and Civil Defense Master Mutual Aid Agreement, made and entered into by and between the State of California, its various departments and agencies, and the various political subdivisions of the state, to facilitate implementation of the purposes of this chapter.

Substantially the same provisions as previously contained in Sections 1541, 1564, 1586 and 1587 of the Military and

Master Mutual Aid Agmt. 5

**Attachment B – INTER-REGION COOPERATIVE AGREEMENT FOR
EMERGENCY MEDICAL AND HEALTH DISASTER ASSISTANCE**

CONTRACT # _____

**INTER-REGION COOPERATIVE AGREEMENT
FOR EMERGENCY MEDICAL AND HEALTH DISASTER ASSISTANCE**

This Agreement is made and entered into by and between the signatory Counties of the State Office of Emergency Services (OES) Mutual Aid Region I and Region VI.

WHEREAS, there exists a great potential for a medical/health calamity capable of producing mass casualties that overwhelm local ability to contain and control; and

WHEREAS, in preparation for this threat, the signatories of this document, singularly and severally, agree to assist any participating County consistent with the OES Region I and Region VI Medical Health Mutual Aid Plans and the Standardized Emergency Management System by providing such assistance as possible without compromising each County's own jurisdiction's medical/health responsibility; and

WHEREAS, the OES Region I and Region VI Disaster Medical/Health Coordinators, selected in accordance with the OES Region I and Region VI Medical Mutual Aid Plan, are responsible for regional coordination of medical/health mutual aid within OES Region I and Region VI when so requested by an affected County of Region I or VI; and

WHEREAS, each County is desirous of providing to the others a reasonable and reciprocal exchange of emergency medical and health services where appropriate; and

WHEREAS, this Agreement is made and entered into by and between the Counties for those agencies within their respective jurisdictions, both public and private, capable of providing emergency medical and health support; and

WHEREAS, each County has emergency medical personnel, equipment, and supplies which can be made available, in the spirit of cooperation, under this Agreement; and

WHEREAS, each County enters into this Agreement for the prudent use and reimbursement of emergency medical and health services including, but not limited to, personnel, equipment, and supplies utilized in assisting any party participating in this Agreement.

NOW Therefore, it is agreed as follows:

1. The Operational Area Medical/Health Coordinators, the Health Officers, or authorized designee from the affected County within OES Region I or Region VI may request emergency medical health services through the OES Region I or Region VI Disaster Medical/Health Coordination System in accordance with the Region Plan and the Standardized Emergency Management System.
2. Parties to this Agreement shall be financially responsible for those emergency medical and health personnel and supplies which they request. In responding to the request of an affected County identified in this Agreement or to the region as a whole, each of the assisting Counties shall provide emergency medical and health assistance to the extent it is reasonably available and to meet the needs of the requesting County.
3. Financial responsibility of the requesting parties to this Agreement shall be limited to costs for personnel, supplies, and equipment confirmed by their request for assistance. Accurate records and documents related to mutual aid requests hereunder shall be maintained by both the parties that provide and request mutual aid assistance.
4. Release or reassignment of mutual aid, personnel, supplies, and equipment between the Counties in OES Region I and Region VI, shall be coordinated through the requesting region.
5. Details as to amounts and types of assistance available, methods of dispatching same, communications during the mutual aid event, training programs and procedures, and the names of persons authorized to send and receive such requests, together with lists of equipment and personnel which may be utilized, shall be developed by the Health Officers of each County. Such details shall be provided to the signatories of this document.
6. The requesting County is the controlling authority for use of emergency medical and health within its jurisdiction. In those instances where the assisting operational area providers arrive on scene before the jurisdictional area, the assisting personnel will take the necessary action dictated by the situation.
7. Within one hundred eighty days (180) following its provision of services and supplies for a disaster or calamity, an assisting County shall present its billing and a precise accounting of its costs for the incident to the requesting County. The requesting County shall pay this billing within ninety (90) days of its receipt unless other arrangements are made between the assisting and requesting Counties.
8. Any party to this Agreement may terminate its participation in this Agreement upon ninety (90) days advance written notice to the other parties.

9. The requesting County agrees to indemnify and hold harmless the assisting County and their authorized agents, officers, volunteers and employees against any and all claims or actions arising from the requesting County's negligent acts or omissions and for any costs or expenses incurred by the assisting County or requesting County on account of any claim thereof. The assisting County agrees to indemnify and hold harmless the requesting County and their authorized agents, officers, volunteers and employees against any and all claims or actions arising from the assisting County's negligent acts or omissions on account of any claim thereof.
10. The body of this Agreement expresses all understandings of the parties concerning all matters covered and shall constitute the total Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees.

No change or revision shall be valid unless made in the form of a written amendment to this Agreement which is formally approved and executed by all the participating parties.

11. This Agreement shall in no way affect or have any bearing on any preexisting mutual aid contracts between any of the Counties for fire and rescue services. To the extent an inconsistency exists between such contract and this Agreement, the former shall control and prevail.
12. This Agreement does not relieve any of the Counties from the necessity and obligation of using its own resources for furnishing emergency medical and rescue services within any part of its own jurisdiction. An assisting County's response to a request for assistance will be dependent upon the existing emergency conditions with its own jurisdiction and the status of its resources.
13. This Agreement shall not be construed as, or deemed to be an agreement for the benefit of anyone not a party hereto, and anyone who is not a party hereto shall not have a right of action hereunder for any cause whatsoever.
14. Notices hereunder shall be sent by first class mail, return receipt requested, to the Operational Area Disaster Medical Health Coordinator who represents the various signatory agencies.

IN WITNESS WHEREOF, the Board of Supervisors of each County has caused this Agreement to be subscribed on their behalf by their respective duly authorized officers, on the day, month, and year noted.

Attachment C – REGIONAL RESOURCES

A. AST/MTF Organization Committee

The following table shows members involved in designing the AST/MTF guidelines in the State of California.

<u>AMBULANCE STRIKE TEAM</u>					
<i>LAST NAME</i>	<i>FIRST</i>	<i>ORGANIZATION</i>	<i>OFFICE PHONE</i>	<i>FAX</i>	<i>E-MAIL</i>
Bybee	Anne	State EMSA - Lead Agency	916-322-4336	916-323-4898	abybee@emsa.ca.gov
Petrick	Doug	CAA	(916) 563-0600		Doug_Petrick@amr-em
Ridenour	James	CAA	(800) 913-9142	(209) 527-4582	james_ridenous@amr-e
Eaglesham	John	CAA	(805) 688-6550		john_eaglesham@amr-
Lee	Darrell	CA Fire Chiefs Assn	(925) 258-4599		dlee@mofd.org
Nevins	David	CAA	(916) 735-0154	(916) 735-0161	davnevin@aol.com
Center	Barbara	EMSAAC	(925) 646-4690	(925) 646-4379	bcenter@hsd.co.contra
Ranger	Brian	CAA	(714) 986-3930	(714) 792-3650	BrianRanger@emergen
Jones	David	EMSAAC	(559) 445-3387	(559) 445-3205	djones@fresno.ca.gov
McGinnis	Tom	CAA	(661) 322-8741	(661) 334-1541	mcginnist@hallamb.com
Metro	Mike	CA Fire Chiefs Assn	(323) 838-2212	323-869-0311	mmetro@lacofof.org
Bramell	Tom	CA Fire Chiefs Assn	(925) 454-2301	(925) 454-2367	tbramell@lpfire.org
Gunter	Carol	EMSAAC	(323) 890-7500 /7545		cgunter@dhs.co.la.ca.us
Buchanan	Doug	EMSAAC	(209) 529-5085	(209) 529-1496	dbuchanan@mvemsa.c
Masterman	Larry	EMSAAC	(530) 229-3979	(530) 229-3984	lmasterman@norcalem
Marquis	Jim	OES Fire & Rescue Branch	(916) 996-5212		jim_marquis@oes.ca.gc
Honeycutt	Neil	OES; FIREScope	(916) 231-0290	(916) 364-2810	neil_honeycutt@oes.ca
Madison	Steve	CAA	(209) 522-0500		smadison@pjflaw.com
Osur	Michael	EMSAAC	(909) 358-5029	(909) 358-5160	mosur@co.riverside.ca.i

B. Regional and State Medical/Health Resources

Region	RDMHC	RDMHS	OES Reg. FIRE Coordinators
Region I	Carol Gunter Los Angeles Dept. of Health 5555 Ferguson Dr., Suite 220 Commerce, CA 90022 (323) 890-7500 /7545 FAX: (323) 890-8732 After Hours: (323) 887-5381 cgunter@dhs.co.la.ca.us	Jim Eads Los Angeles County EMS Agency 5555 Ferguson Drive Ste 220 Commerce, CA 90022 (323) 890-7519 FAX: (323) 869-8065 After Hours: (818) 751-1332 jeads@dhs.co.la.ca.us	P. Michael Freeman Los Angeles County Fire Dept. 1320 North Eastern Avenue Los Angeles, CA 90063-3294 (323) 881-2401 Fax: 323-265-9948 After Hours: (323) 881-2455 pfreeman@fire.co.la.ca.us
Region II	William Walker, M.D. Contra Costa County HSD 20 Allen Street Martinez, CA 94553-3191 (925) 370-5003 FAX: (925) 370-5099 After Hours: (925) 646-2441 wwalker@hsd.co.contra-costa.ca.us	Barbara Center 1340 Arnold Dr. #126 Martinez, CA 94553 (925) 646-4690 FAX: (925) 646-4379 After Hours: (925) 646-2441 bcenter@hsd.co.contra-costa.ca.us	Dave Driscoll CDF-Northern Region 135 Ridgeway Avenue Santa Rosa, CA 94501 (707) 576-2275 Fax: (707) 576-2574 After Hours: (707) 967-4206 dave.driscoll@fire.ca.gov
Region III		Larry Masterman 43 Hilltop Drive Redding, CA 96003-2807 (530) 229-3979 FAX: (530) 229-3984 After Hours: (530) 247-4409 pct@snowcrest.net	Jeff Jones CDF – Northern Region 6105 Airport Road Redding, CA 96002 (530) 224-2460 Fax: (530) 224-2496 After Hours: (530) 224-2466 jeff.jones@fire.ca.gov
Region IV	Richard Buys, M.D. San Joaquin County PO Box 1020 Stockton, CA 95201 (209) 468-6818 FAX: (209) 468-6725 After Hours: (209) 468-7052 richnb@softcom.net	Randy Linthicum San Joaquin County EMS Agency P.O. Box 1020 Stockton, CA 95201 (209) 468-6724 FAX: (209) 468-6725 After Hours: (209) 983-7907 rlinthicum@co.san-joaquin.ca.us	William "Hank" Weston Grass Valley Fire Department 125 East Main Street Grass Valley, CA 95945 (530) 274-4370 Fax: (530) 274-4374 After Hours: (530) 273-3222 fire@cityof.grass-valley.ca.gov
Region V	David Hadden, M.D. Fresno/Kings/Madera EMS Agency P.O. Box 11867 Fresno, CA 93775 Business (559) 445-3387 FAX: (559) 445-3205 After Hours: (559) 456-7838 (Ask for EMS Agency On-Call) DAVIDHADDEN@FRESNO.CA.GOV	Randy Linthicum San Joaquin County EMS Agency P.O. Box 1020 Stockton, CA 95201 (209) 468-6724 FAX: (209) 468-6725 After Hours: (209) 983-7907 rlinthicum@co.san-joaquin.ca.us	Tim Turner CDF – Southern Region 1234 E. Shaw Avenue Fresno, CA 93710-7899 (559) 222-3714 Fax: (559) 222-3409 After Hours: (559) 292-5271 tim.turner@fire.ca.gov
Region VI	Thomas Prendergast, Jr., M.D. San Bernardino County 351 N. Mountain View Ave. San Bernardino, CA 92415 (909) 387-6219 FAX: (909) 387-6228 After Hours: (909) 356-3805 tprendergast@dph.sbcounty.gov	Stuart Long 515 N. Arrowhead Avenue San Bernardino, CA 92415-0061 (909) 388-5832 FAX: (909) 388-5825 After Hours: (909) 356-3805 slong@dph.sbcounty.gov	Fred H. Batchelor CDF – Southern Region 2524 Mulberry Street Riverside, CA 92501 (909) 782-4240 Fax: (909) 782-4900 After Hours: (909) 320-6179 fred.batchelor@fire.ca.gov
State	EMSA 1930 – 9 th Street Sacramento, CA 95814 Duty Officer Pager: (916) 535-3522 FAX: (916) 323-4898		OES Headquarters 3650 Schriever Avenue Rancho Cordova, CA 95741 24 Hour: (916) 845-8911 Fax: (916) 845-8910

Attachment D – RIMS Mission/Request Tasking Form

RIMS -- Mission/Request Tasking Form

1. Request Date/Time:		2. Operational Area (county):	
3. Related Event or Disaster (if any):		4. Related Incident Name:	
5. Mission Type:		6. Desired Arrival Date/Time:	
7. Threat:		8. Situation	
9. Requested Mission:		10. Incident/Project Order Number:	
11. AFRCC Incident Number:		12. AFRCC Mission Number:	
Detailed Resource List:			
Request #	Type Resource:	Q u a n t i t y	Remarks
12a.	b.	c.	d.
13a.	b.	c.	d.
14a.	b.	c.	d.
15a.	b.	c.	d.
16a.	b.	c.	d.
17a.	b.	c.	d.
18. Requesting Agency:		19. Service/Support Supplier:	
a. Name:		a. Fuel:	
b. Position:		b. Meals:	
c. Agency:		c. Water:	
d. Phone #:		d. Maintenance:	
e. Fax #:		e. Lodging:	
f. Alt#:		f. Misc.:	
20. Reporting Location		21. Forwarding Agency:	
a. Address:		a. Name:	
b. Map Ref.:		b. Position:	
c. Lat/Long:		c. Agency:	
		d. Phone #:	
		e. Fax #:	
		f. Alt#:	

22. OES Coordinator:	23. Responding Agency:
24. Special Instructions: (?Duration:)	25. Responsible OES Branch/Region:

Revised: October 1, 2002

Resource Order Form

<div>URCE ORDER</div>		INITIAL DATE/TIME	2. INCIDENT/PROJECT NAME				3. INCIDENT/PROJECT ORDER NUMBER			4. OFFICE REFER
IVE LOCATION/RESPONSE AREA			6. SEC.	TWN	RNG	BASE MDM	8. INCIDENT BASE/PHONE NUMBER			9. JURSDICTIOI
										10. ORDERING OF
T INFORMATION			LAT.				LONG.			
VG	DISTANCE	BASE OR OMNI	AIR CONTACT	FREQUENCY	GROUND CONTACT	FREQUENCY	RELOAD BASE	OTH		
Order te/Time	From/To	QTY	RESOURCE REQUESTED	Needed Date/time	Deliver To:	From/ To	Time	Agency ID	RESOURCE ASSIGNED	
ORDER RELAYED			ACTION TAKEN			ORDER RELAYED				
Date	Time	To / From				Request #	Date	Time	To / From	

Attachment F - ACRONYMS

ALS	Advanced Life Support (indicates EMT-Paramedic or EMT-II level of care)
AST/MTF	Ambulance Strike Team/Medical Task Force
BLS	Basic Life Support (indicates EMT-Basic level of care)
CAA	California Ambulance Association
CHP	California Highway Patrol
MMA	Master Mutual Aid
EMS	Emergency Medical Services
EMSA	Emergency Medical Services Authority
EMSAAC	Emergency Medical Services Administrators Association of California
EMT-B	Emergency Medical Technician – Basic
EMT-II	Emergency Medical Technician – II (intermediate ALS provider)
EMT-P	Emergency Medical Technician – Paramedic
FOG	Field Operations Guide (Incident Command System Guide to functions, reporting structure, and specific duties/responsibilities)
FRO	Field Response Operations
GPS	Geo Positioning System (satellite tracking system)
HAZMAT	Hazardous Materials
HO	Health Officer
ICS	Incident Command System
LEMSA	Local Emergency Medical Services Agency
MCI	Mass Casualty Incident
MHOAC	Medical Health Operational Area Coordinator (County level representative)
MRE	Meals Ready to Eat
MST	Management Support Team (provides Command & Control as well as logistical support to the teams/missions under its authority)
OES	(Governor's) Office of Emergency Services
Op Area	Operational Area (County)
PCR	Patient Care Report
RDMHC	Regional Disaster Medical Health Coordinator
RDMHS	Regional Disaster Medical Health Specialist
RIMS	Response Information Management System (created by OES for information dissemination)
SEMS	Standardized Emergency Management System (the organizational structure for requesting/supplying disaster resources within California)
ST/TF Leader-Ambulance	Strike Team/Task Force Leader-Ambulance
VHF	Very High Frequency